

**Scottish Borders Health and Social Care Partnership
Integration Joint Board**

20 September 2023

**ALCOHOL AND DRUGS PARTNERSHIP ANNUAL SURVEY
RETURN TO SCOTTISH GOVERNMENT 2022-23**



**Report by Fiona Doig, Head of Health Improvement/Strategic Lead
Alcohol and Drugs Partnership**

1. PURPOSE AND SUMMARY

- 1.1. To brief the Integration Joint Board on the contents of the Alcohol and Drugs Partnership (ADP) on its Annual Survey Return to Scottish Government 2022-23 and seek approval for the Survey’s final sign off.
- 1.2. The report outlines some areas of good practice, for example, involvement of people with lived and living experience and support for families impacted by another’s drug use. It also provides some areas for improvement such as provision of information in different formats and support for specific groups.
- 1.3. A brief update is included on this cover paper on key data published since submission of the Survey.

2. RECOMMENDATIONS

- 2.1. The Integration Joint Board is asked to approve final sign off of the Annual Survey.

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our effectiveness and thinking differently to meet need with less	Reducing poverty and inequalities
	x	x			

Alignment to our ways of working					
People at the heart of everything we do	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Inclusive co-productive and fair with openness, honesty and responsibility
x				x	x

4. INTEGRATION JOINT BOARD DIRECTION

4.1. A Direction is not required.

5. BACKGROUND

5.1. Borders ADP is a partnership of agencies and services involved with drugs and alcohol. It provides strategic direction to reduce the impact of problematic alcohol and drug use in Borders. It is chaired by the Director of Public Health and the Vice Chair is Scottish Borders Council's Director – Social Work and Practice. Membership includes officers from NHS Borders, Scottish Borders Council, Police Scotland and Third Sector. The work of Borders ADP is directed by the Scottish Government and delivery is informed by national standards and local needs.

5.2. The ADP is required to report annually to Scottish Government on performance using a prescribed format. This Annual Survey 2022-23 is intended to inform the following:

- The monitoring of the National Mission to reduce drug related deaths
- The work of a number of national groups (e.g. Whole Family Approach Group)
- The priority areas of work for national organisations which support delivery (e.g. Scottish Drugs Forum).

The survey will be analysed and findings published at an aggregate level by Scottish Government. ADPs are not expecting individualised local data.

5.3. It is not expected that the Survey will cover all of the work undertaken, for example, the ADP submits quarterly financial information to Scottish Government and quarterly progress reports on the Medication Assisted Treatment (MAT) Standards.

5.4. A link to a Highlight Annual Report Graphic is included as an Appendix.

6. KEY AREAS TO HIGHLIGHT TO THE STRATEGIC PLANNING GROUP

6.1 Areas of good practice

6.1.1 Alcohol and Drug Related Deaths Review – Questions 1-4 ask about practice in relation to reviews of alcohol and drug related deaths. Borders ADP has been recognised as following good practice in undertaken multi-agency reviews of drug related deaths which are supported by a Drug Related Death Review Group and reported to Critical Services Oversight Group (CSOG). ADPs are also expected to undertake reviews of Alcohol Specific Deaths. We have support from Public Health Scotland to take this work forward and are one of only a small number of ADPs to start this piece of work.

6.1.2 Lived and Living Experience – Questions 8-12 relate to lived and living experience. There have been improvements over time locally in how we ensure the voices of people with lived and living experience are both heard and able to influence service delivery and planning.

6.1.3 People most at risk have access to treatment and recovery – Questions 20 – 24 review support for people accessing non-fatal overdoses (NFO) and involvement with recovery communities. The local NFO pathway has been in place since May 2021 and key performance indicators are positive. Borders ADP has strong and positive links with our local recovery activists who have made a wealth of contribution to the local area.

6.1.4 Treatment and support services for particular groups – Question 31 asks about specific support for people from particular groups (e.g. with protected characteristics). This will be

explored further during completion of an Equality and Human Rights Impact Assessment (EHRIA) which is in progress to support our new ADP Strategy.

6.1.5 Children, families and communities affected by substance use are supported – Question 36-39 ask about support for families. A dedicated Children and Families provision is provided by Action for Children Chimes Service and We Are With You provide support for adults impacted by a loved one's substance use.

6.2 Areas for improvement

6.2.1 Accessibility – Question 16 related to information available in alternative formats. This is an area of improvement to be explored during our EHRIA completion.

6.2.2 Support services for children and young people aged 16 and under – Questions 29a and 30a related to support for young people affected by their own substance use. Young people are supported by third sector colleagues in relation to risk taking behaviours and emotional wellbeing. It is anticipated that standards for children and young people's provision will be issued in Autumn by Scottish Government which will likely inform local commissioning. Local children's service commissioning is progressed by the Children and Young People's Planning Partnership.

6.3 Areas for additional noting

6.3.1 Questions 5a and 6a outline the workforce whole time equivalent within the ADP Support Team (2.9WTE) and in service delivery (currently 41.2WTE). It is important to note the relatively small scale of personnel charged with delivering on a wide agenda.

6.3.2 The majority of additional funding in recent years has led to an increase in staff to deliver on improvements in service and recovery. However, it remains the case that caseloads are high and services are under pressure. ADP Support Team staffing has increased by 0.1 WTE since 2012 during which time the reporting requirements and areas of involvement have increased.

6.4 Summary relating to the Survey

6.4.1 The ADP is sighted on the areas for improvement and, while it is the case it is not expected that all areas will have all elements of the survey in place there are particular areas for improvement noted in section 6.2 which will be explored as part of the consultation to develop a local Delivery Plan.

6.5 Update on key data published since submission of the report

6.5.1 In August and September 2023 the National Records Scotland published national drug related deaths and alcohol related deaths figures respectively.

6.5.2 Nationally there was a 21% reduction in the number of people who had a drug related death to 1051, the lowest number since 2017, however, this remains 3.7 times greater than in 2000. 13 deaths were reported for Borders compared to 17, 18 and 17 in the previous three years. A local Drug Death Review Group reviews the circumstances of all individuals and reports to the Critical Services Oversight Group.

6.5.3 Nationally there was a 2% increase in the number of people who had an alcohol related death (1276). There was a significant increase in female deaths. 21 deaths were reported for Borders compared to 21, 15 and 15 in the previous three years. The ADP is currently undertaking an

audit of all alcohol related deaths in 2021 and expect there to be some local learning arising from this.

6.5.4 Health related behaviours are reported annually for adults by the Scottish Health Survey. However, there are only 125 people sampled in the Borders. We urgently need more granular data so we can work effectively to meet locality needs and are exploring cost-effective solutions to do this.

7. IMPACTS

Community Health and Wellbeing Outcomes

7.1. This paper is an Annual Survey return on retrospective activity and while it is expected that the services described in the Survey impact positively across these outcomes the submission of the Survey will not necessarily have direct impact.

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	No impact
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	No impact
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	No impact
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	No impact
5	Health and social care services contribute to reducing health inequalities.	No impact
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	No impact
7	People who use health and social care services are safe from harm.	No impact
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	No impact
9	Resources are used effectively and efficiently in the provision of health and social care services.	No impact

7.2. The impact of this work on the outcome areas for the national mission are outlined in the table below. At a local level these are applied across both alcohol and drug use:

N / L	Outcome description	Increase / Decrease / No impact
1	Fewer people develop problem drug use	No impact
2	Risk is reduced for people who take harmful drugs	No impact
3	People at most risk have access to treatment and recovery	No impact
4	People receive high quality treatment and recovery services	No impact
5	Quality of life is improved for people who experience multiple disadvantage	No impact
6	Children, families and communities affected by substance use are supported	No impact

Financial impacts

7.3. There are no costs attached to any of the recommendations contained in this report.

Equality, Human Rights and Fairer Scotland Duty

7.4. This is an Annual Survey and therefore is not proposing any changes to policy or service. Gaps identified in the survey will be included in a new ADP Strategic Plan. Plans are in development for proceeding with an Impact Assessment to inform the Delivery Plan for the Strategic Plan.

Legislative considerations

7.5. There are no legislative considerations arising from the Survey return.

Climate Change and Sustainability

7.6 There are no climate change and sustainability impacts and considerations arising from the Survey return.

Risk and Mitigations

7.7 While there are no proposals associated with the Survey it is anticipated that the main risk to addressing any of the identified areas for improvement will be the relatively small size of the workforce versus the increasing expectations from Scottish Government and desire to ensure we are compliant with these.

7.8 Staff wellbeing in the face of competing pressures is noted. A Wellbeing Session is hosted weekly by the Addictions Psychological Therapies Team and is open to all alcohol and drugs services and the ADP Support Team. All staff receive monthly supervision. There is also coaching in psychological approaches to support confidence and practice.

8 CONSULTATION

Communities consulted

8.1 The expectation from Scottish Government for completing the Survey was that it should be completed by the ADP Support Team. There was no additional consultation undertaken other than clarification on workforce information from services.

Integration Joint Board Officers consulted

8.2 The Annual Survey has been presented to the HSCP Strategic Planning Group.

Approved by:

Dr Sohail Bhatti, Director of Public Health, ADP Chair

Author(s)

Fiona Doig, Head of Health Improvement/Strategic Lead Alcohol and Drugs Partnership
Susan Elliot, Alcohol and Drugs Partnership Co-ordinator

Background Papers: n/a

Previous Minute Reference: n/a

For more information on this report, contact us at Fiona Doig, Head of Health Improvement/Strategic Lead ADP, bordersadp@borders.scot.nhs.uk, 07825523603

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data **will** be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of 1.1B meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email [at substanceuseanalyticalteam@gov.scot](mailto:at.substanceuseanalyticalteam@gov.scot).

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?

[single option, drop-down menu]

Borders ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)

[multiple choice]

Alcohol harms group

Alcohol death audits (work being supported by AFS)

Drug death review group

Drug trend monitoring group/Early Warning System

None

Other (please specify):

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?

(select only one)

[single option]

Yes

No

Don't know

Q3b) If no, please provide details on why this is not the case.

(open text — maximum 255 characters)

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)

[single option]

Yes

No

Don't know

Q4b) If no, please provide details.

[open text — maximum 255 characters]

This is in **place for drug related deaths. We are in the early stages of an audit of alcohol** related deaths.

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.

[open text, decimal]

total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	2.90
Total vacancies (whole-time equivalent)	0.00

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.

[open text – maximum 255 characters]

Analyst/Project Management Support for Co-Morbidity Work/Alcohol Death Audit/Needs Assessment, co-ordination of reporting requirements, monitor trends - **1WTE**
Recovery and engagement worker - develop- family involvement 0.5W I

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)

[single option]

- Yes
- No (please specify who does):
- Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.

[open text, decimal]

Total current staff (whole-time equivalent)	41.2
Total vacancies (whole-time equivalent)	2.80

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)

[multiple choice]

- Coaching, supervision or reflective practice groups with a focus on staff wellbeing
- Flexible** working arrangements
- Management of caseload demands

In Provision of support and well-being resources to staff

- Psychological support and wellbeing services
- Staff recognitions schemes**
- None**
- Other (please specify):**

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)

[multiple choice]

EI Feedback/complaints process

EI Questionnaire/survey

No

EI Other (please specify): Living Experience Forum (Borders Engagement Group) facilitated by SDP; Lived Experience Forum facilitated by ADP commissioned service

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)

[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	2)	2)
Feedback used to inform service improvement	2)	21
Feedback used in assessment and appraisal processes for staff	■	■
Feedback is presented at the ADP board level	2)	2)
Feedback is integrated into strategy	2)	2)
Other (please specify)		

09a) How are **people with lived/living experience** involved within the ADP structure?

(select all that apply)

[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	rti	E	E	
Focus group	E4	IS	E	
Lived experience panel/forum	0	IS	E	
Questionnaire/ surveys	of	■	E	
Other (please specify)				

Q9b) How are **family members** involved within the ADP structure? (select all that apply) [matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP		•	•	
Focus group	—	Z	g	
Lived experience panel/forum	—	•	<input type="checkbox"/>	
Questionnaire/ surveys	—	■	<input type="checkbox"/>	
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.

[open text — maximum 2000 characters]

The Lived Experience Forum is open to family members to attend and the Forum rep attends the Board meeting alongside the commissioned service role of Community Engagement Worker, however, there is not specific arrangement for family members

010) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?

[open text — maximum 2000 characters]

This is discussed during monitoring meetings although there is no formal way this is recorded/monitor

011) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)

[multiple choice]

Advocacy

Peer support

Provision of technology/materials

Training and development opportunities

Travel expenses/compensation

Wellbeing support

None

Other (please specify):

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)

[multiple choice]

EI Community/recovery cafes

Job skills support

Naloxone distribution

Peer support/mentoring

Psychosocial counselling

None

Other (please specify): Addiction Worker Training Programme

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?

[open text - maximum 2000 characters]

We are a small rural area and people with lived experience are not always comfortable to disclose this openly within their professional role.

We have had occasions where safeguarding policies in services have meant some people's Disclosure Records have prevented their employment.

C113) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)

[multiple choice]

MAT Implementation Support Team (MIST)

Scottish Drugs Forum (SDF)

Scottish Families Affected by Drugs and Alcohol (SFAD)

Scottish Recovery Consortium (SRC)

None

Other (please specify):

Cross cutting priorities: Stigma Reduction

014) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)

[single option]

El Yes (please specify which): **ADP Strategy/ADP Delivery Plan**

No

Don't know

15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.

[open text – maximum 2000 characters]

Stigma and confidentiality concerns for people accessing services can be heightened in a rural area due to smaller communities. Communications distributed about NHS Inform information on ending drug and alcohol stigma and SG 40 sec TV advert. Specific page created on ADP website including information on recommended language. Language matters information shared annually with all services and key stakeholders. We have offered Stigma training via the Workforce Directory. We directly respond to concerns raised by our Borders Engagement Group (living experience) e.g. feedback to providers on stigmatising experiences. We share a 'you said, we did' information sheet to the Group.

Fewer people develop problem substance use

16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply) [multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaflets/posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Online (e.g. websites, social media, apps, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)					

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)

[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact (please specify with audience contact with specify)
Counselling services	•	•	•	0	•	•	•
Information services	•	•	•	0	•	•	• ?
Physical health	•	•	•	0	2)	•	• website Rachel pilot?
Mental health	23	•			23	•	s
Naloxone	•	•	•		21	•	II
Overdose awareness and prevention	•	•	•		21	•	II
Parenting	•	•	•	0	•	•	•
Peer-led interventions	•	•	•	•	•	•	•
Personal and social skills	•	•	•	0	•	•	•
Planet Youth	0	0	0	0	0	0	0
Pre-natal/pregnancy	•	•	•	EI	EI	0	•
Reducing stigma	•	•	•	0	•	•	•
Seasonal campaigns	•	•	•	EI	21	21	•
Sexual health	•	•	•	0	•	•	•
Teaching materials for schools	S3	=		0	•	•	•
Wellbeing services	•	•	•	•	•	•	•
Youth activities (e.g. sports, art)	•	•	•	0	•	•	•
Youth worker materials/training	•	•			•	•	•
Other (please specify)							

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)

[multiple choice]

Ei Accident & Emergency departments

Ei Community pharmacies

- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)

[multiple choice]

Accident & Emergency departments

Community pharmacies

- Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None

Ei Other (please specify): **Sexual health Services**

Q18c) In which of the following settings is the provision of injecting equipment delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Ei Community pharmacies
- Ei Drug services (NHS, third sector, council)
- Family support services
- General practices
- Homelessness services
- Justice services
- Mental health services
- Ei Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)

[multiple choice]

- Accident & Emergency departments
- Ei Community pharmacies
- 0 Drug services (NHS, third sector, council)
- Family support services
- 0 General practices
- Homelessness services
- Justice services
- Mental health services
- Mobile/outreach services
- Peer-led initiatives
- Women support services
- None
- Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)

[single option]

- Yes
- No
- Ei No prison in ADP area

Q19b) If no, please provide details.

[open text — maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)

[single option]

- Yes
- No
- Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)

[single option]

- Yes
- No
- Don't know

Q20c) If no, when do you intend to have this in place?

[open text — maximum 255 characters]

Q21) In what ways have you worked with justice partners? (select all that apply) [multiple choice]

- Contributed towards justice strategic plans (e.g. diversion from justice)
- Coordinating activities
- Information sharing
- Joint funding of activities
- Justice partners presented on the ADP
- Prisons represented on the ADP (if applicable)
- Providing advice/guidance
- None
- Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)

[single option]

- Yes
- No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)

[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	D	•	•	EI	•	•
Alcohol interventions	D	-4r		0		-4r
Alcohol screening	D	ir	•	0	•	ir
Buvidal provision	D	•	•	•	•	•
Detoxification	0	•	•	E	•	•
Drugs screening	D	•	•	•	E	•
Psychological screening	D	•	•	•	E	•
Harm	D	•	•	•	E	ir
Health education	D	•	•	•	E	•
"Life skills" support or training (e.g. personal/social skills, employability)	D	17	17	III	17	17
Opioid Substitution Therapy (excluding Buvidal)	D	•	•	•	•	•
Peer-to-peer naloxone	D	•	•	•	•	•
Recovery cafe	D	•	•	•	•	•
Recovery community	D	•	•	•	•	•
Recovery wing	D	•	•	•	•	•
Referrals to alcohol treatment services	0		•		•	,
Referrals to drug treatment services	D	•	•	•	•	•
Staff training	D	•	•	•	•	•
Other (please specify)						

Q23a) How many [recovery communities](#) are you aware of in your ADP area? [open text, integer]

2

Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

2

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)

[multiple choice]

- Funding
- Networking with other services
- Training
- None
- Other (please specify):

Q24b) How are recovery communities involved **within the ADP?** (select all that apply) [multiple choice]

- Advisory role
- Consultation
- Informal feedback
- Representation on the ADP board
- Recovery communities are not involved within the ADP
- Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms?** (select all that apply)

[multiple choice]

- Access to alcohol medication (Antabuse, Acamprase, etc.)
- Alcohol hospital liaison
- Alcohol-related cognitive testing (e.g. for alcohol related brain damage)
- Arrangements for the delivery of alcohol brief interventions in all priority settings
- Arrangement of the delivery of alcohol brief interventions in non-priority settings
- Community alcohol detox
- In-patient alcohol detox
- Fibro scanning
- Psychosocial counselling
- None
- Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)

[multiple choice]

- Current models are not working
- Difficulty identifying all those who will benefit
- Further workforce training required
- Insufficient funds
- Lack of specialist providers
- Scope to further improve/refine your own pathways
- None
- Other (please specify): **The new pathway and awareness of it is still embedding.**

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)

[single option]

- No revisions or updates made in 2022/23
- Revised or updated in 2022/23 and this has been published
- Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)

[multiple choice]

- Difficulty identifying all those who will benefit
- Further workforce training is needed
- Insufficient funds
- Scope to further improve/refine your own pathways
- None

Other (please specify): **MAT 7** is not implemented as locally GP colleagues do not provide shared care; ongoing development work (e.g. 6,9410) is challenging to sustain with small teams and large caeloads.

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol?** (select all that apply) [multiple choice]

	13 15 (secondary Si 4)	16 24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	0	g
Diversionary activities	0	0
Employability support	0	g
Family support services	0	0
Information services	0	0
Justice services	0	0
Mental health services	0	g
Outreach/mobile	■	g
Recuveiy communities	0	0
School outreach	i'4	0
Support/discussion groups	0	0
Other (please specify)	Younger people requiring medication treatment can be jointly supported by our addiction service and other colleagues (e.g. CAMHS, Social Work)	

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**.
[open text - maximum 2000 characters]

We have children and families drug and alcohol provision via a service which also includes young carers support. Support can be provided to all age groups, sometimes people are referred as young carers but may also be impacted by alcohol.
We provide Oh Lila training and Everyone has a story training including targetted sessions for early years and education.

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs?** (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	0	g
Employability support	0	0
Family support services	0	g

Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Opioid Substitution Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary) affected by drugs.**

[open text – maximum 2000 characters]

We have children and families drug and alcohol provision via a service which also includes young carers support. Support can be provided to all age groups, sometimes people are referred as young carers but may also be impacted by alcohol.

We provide Oh Lila training and Everyone has a story training including targeted sessions for early years and education

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		E
People from minority ethnic groups		E
People from religious groups		E
People who are experiencing homelessness		E
People who are LGBTQI+		g
People who are pregnant or peri-natal		E
People who engage in transactional sex		E
People with hearing impairments		E
People with learning disabilities and literacy difficulties		Z
People with visual impairments	D	E
Veterans	0	E
Women	0	1K
Other (please specify)		

C132a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]

I:1 Yes (please provide link here or attach file to email when submitting response):

EI No

Q32b) If no, please provide details.

[open text — maximum 255 characters]

This is actively being developed at **the moment**

Q33) Are there arrangements (in any stage of development) within your **ADP** area for people who present at substance use services with mental health concerns **for which** they do not have a diagnosis?

[open text — maximum 2000 characters]

The Advanced Nurse Practitioner in NHS addictions service is embedding links across third sector alcohol and drugs services to enable discussions and interagency referrals for psychiatric assessment. All alcohol and drugs services can refer to the Addictions Psychology Therapies Team.

Q34) How are you, as an ADP, linked up with support service **not directly linked** to substance use (e.g. welfare advice, housing support, etc.)?

[open text — maximum 2000 characters]

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)

[multiple choice]

- Engaging with people with lived/living experience
- Engaging with third sector/community partners
- Recruiting staff
- Training existing workforce
- Working group
- None
- Other (please specify): |

Children, families and communities affected by substance use are supported

Q3G) Which of the following treatment and support services are in place **for children and young people** (under the age of 25) **affected by a parent's or carer's substance use?** (select all that apply)

[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	0	2	2	E
Diversions activities	0	2	2	E
Employability support	•	0	0	0
Family support services	0	2	0	E
Information services	0	2	0	E
Mental health services	•	0	0	0
Outreach/mobile services	•	0	0	0
Recovery communities	•	0	0	E
School outreach	•	0	0	0
Support/discussion groups	•	0	0	0
Other (please specify)				

Q37a) Do you contribute toward the integrated children's service plan? (select only one) [single option]

- Yes
- No
- Don't know

Q37b) If no, when do you plan to implement this?

[open text —maximum 255 characters]

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use?** (select all that apply)

[multiple choice]

- Advocacy
- EI Commissioned services
- Counselling
- EI One to one support
- Mental health support
- Naloxone training
- EI Support groups
- Training
- None
- EI Other (please specify): **Recovery Communities**

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)

[single option]

- EI Yes
- No
- Don't know

03913) Please provide details.

[open text — maximum 255 characters]

The Whole Family Approach has funded dedicated provision in third sector alcohol and drugs services. There is also the **commissioned** Children and Families service.

039b) Please provide details.

[open text — maximum 255 characters]

The Whole Family Approach has funded dedicated provision in third sector alcohol and drugs services. There is also the commissioned Children and Families service.

C140) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach **are** in place? (**select** all that apply)

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	0	5
Advocacy	0	2)
Mentoring	<input type="checkbox"/>	■
Peer support	0	2
Personal development	<input type="checkbox"/>	■
Social activities	81	EI
Support for victims of gender based violence	<input type="checkbox"/>	
Other (please specify)		

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action on
drugs+alcohol
BORDERS

The Alcohol and Drugs Partnership (ADP) is a partnership of agencies and services responsible for reducing the harms associated with alcohol and drug use. This is carried out in a variety of ways including:

- implementing early intervention and preventative measures
- ensuring good quality drug and alcohol treatment and support services are available
- promoting harm reduction strategies
- involving people with lived and living experience
- research and data collection to better understand the extent and nature of drug and alcohol use in Borders.

The ADP is chaired by the Director of Public Health, NHS Borders and the work of the ADP is directed by the Scottish Government.

HIGHLIGHTS



- An updated [Alcohol Profile](#) provided to Licensing Board highlighting alcohol related harm in Borders and to support decision making.
- An Addiction Worker Trainee Post was provided and supported by Scottish Drugs Forum in Borders.
- 330 people attended 25 training courses over 2022-23 and 108 people completed e-learning provided by Scottish Drugs Forum.



- 2699 people who were drinking above the low risk guidelines had a brief intervention with a trained professional.
- 524 people started [treatment](#) for their drug or alcohol use and 99.6% started within three weeks of referral.
- 124 people received a rapid emergency response following a near fatal overdose with 89% contacted by the assertive outreach team within 48 hours.
- 19% (28) of resupplies of [naloxone](#) were used in an emergency.
- An audit of alcohol specific deaths for 2021 has commenced.
- Entry routes into [Residential Rehabilitation](#) reviewed alongside increased funding which has resulted in 5 people were supported to attend.
- Implementation of [medication assisted treatment standards](#) 1 - 5 and work progressing with standards 6-10.
- Annual Drug Related Death Report 2021 completed and presented to senior officers in NHS, Scottish Borders Council and Police Scotland.



- [Borders in Recovery](#) Community has expanded over the previous year securing funding to allow recruitment of two community officers and expansion of recovery cafes across Borders.
- Recovery Coaching Scotland has provided [self coaching courses](#) with referrals open to drug and alcohol services.
- Borders Lived Experience Forum has provided formal feedback on the Residential Rehab Pathway, Injecting Equipment Provision Leaflet, ADP Strategic Plan and Scottish Government Alcohol Marketing Consultation.
- Borders Engagement Group met weekly and provided samples of drugs to WEDINOS Service for testing to generate local drug trend information. The group has also provided feedback for ADP partners on their experiences which have been shared with relevant services.



- 122 referrals to the dedicated Children and Families support service Action for Children Chimes Service.
- We Are With You provided support for 77 adults impacted by a loved one's substance use.
- Information on [support for family members](#) made more accessible highlighting both local and national support.

CHALLENGES

Stigma and confidentiality concerns can be heightened in a rural area. Services are offered stigma training, support with recommended language, and the promotion of NHS Inform drug and alcohol stigma campaign.

OUTCOMES

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Fewer people develop problem drug and alcohol use.

Risk is reduced for people who take harmful drugs and drink excessively.

People at most risk have access to treatment and recovery.

People receive high quality treatment and recovery services.

Quality of life is improved for people who experience multiple disadvantage.

Children, families and communities affected by substance use are supported.

MORE INFORMATION

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